

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004575
Report Date: 03/21/2024
Date Signed: 03/21/2024 12:28:14 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: HILLSIDE VIEW	FACILITY NUMBER: 306004575
ADMINISTRATOR: EMMANUEL DIZON	FACILITY TYPE: 740
ADDRESS: 22122 PADOVA STREET	TELEPHONE: (949) 279-1700
CITY: LAGUNA HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 92653
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Emmanuel Dizon	DATE: 03/21/2024
	UNANNOUNCED TIME BEGAN: 11:03 AM
	TIME COMPLETED: 01:05 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of
2	completing an annual required inspection. LPA arrived at the facility and was greeted and granted entry
3	by direct care staff. Emmanuel Dizon, Administrator arrived shortly after and met with LPA. LPA
4	explained the nature of the visit. There are five residents at the facility and there are three residents
5	receiving hospice services currently.
6	
7	LPA accompanied began the tour of the inside and outside of the facility. LPA observed required
8	department postings throughout the facility. Facility stays within the capacity limitations. There is a
9	minimum of one week of non-perishables foods and two days of perishables foods available. There is
10	additional food storage in storage in spare refrigerator located in garage. The facility is maintained at a
11	comfortable temperature. LPA inspected that medication is centrally stored in a safe locked storage
12	cabinet located in dining room/living room. LPA reviewed medication and observed medication was
13	labeled and stored inaccessible to residents in care. LPA inspected the bathroom and LPA measured the
14	hot water temperature which measured 116.6 Fahrenheit degrees. All bathrooms observed to have a
15	supply of soap, toilet paper and towels. Bathrooms are equipped with required safety measures such as
16	non-skid mats and grab bars. Lighting is sufficient to ensure safety and comfort. The facility is equipped
17	with sufficient hand hygiene, cleaning, and disinfecting supplies. LPA observed that toxic chemicals,
18	cleaning solutions and disinfectants are stored locked underneath kitchen sink and locked storage
19	cabinet garage. The facility has an available clean supply of linens. LPA inspected residents' bedrooms
20	which has sufficient lighting to ensure the safety and comfort. All bedrooms observed to have all
21	required components. Storage space is provided for residents in their bedroom. Smoke detectors were
22	tested and found to be operational. LPA toured the outside of the facility
23	
24	Continued on LIC809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/21/2024

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/21/2024

This report must be available at Child Care and Group Home facilities for public review for 3 years.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: HILLSIDE VIEW

FACILITY NUMBER: 306004575

VISIT DATE: 03/21/2024

NARRATIVE

1 and observed outdoor passageways are free of obstructions. LPA observed there are shaded seating
2 areas for residents' enjoyment. LPA observed a fire extinguisher with service date of April 24, 2023, in
3 kitchen. Fire drills are conducted every three months. LPA began review of records. LPA reviewed five
4 resident records. All the required documentation was present and current in the residents' files reviewed.
5 LPA reviewed two employee records. All employees present have a criminal record clearance and are
6 associated to the facility. LPA observed records reviewed have a current First Aid certificate.
7

8 Based on the observations made during today's visit, no deficiencies were noted today in the areas
9 inspected per **Title 22 Division 6 of the California Code of Regulations.**
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11 This report was reviewed with the Administrator and a copy of this report was provided to the facility.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/21/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/21/2024